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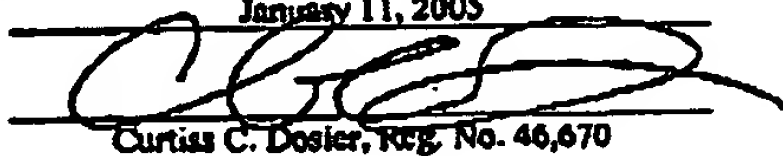IFLOW.2CP2F3C1   · PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Rake et al.
Appl. No.	:	09/892,900
Filed	:	June 26, 2001
For	:	PLATEN PUMP
Examiner	:	Karin M. Reichle
Group Art Unit	:	3761

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9306 on the date shown below:

January 11, 2005

Curtiss C. Dosier, Reg. No. 46,670

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed July 12, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/892900

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)		SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
				RATE	FEE		RATE	FEE
TOTAL CLAIMS				BASIC FEE	355.00	OR	BASIC FEE	710.00
FOR	NUMBER FILED	NUMBER EXTRA						
TOTAL CHARGEABLE CLAIMS	14 minus 20=	* 0		X$ 9=		OR	X$18=	
INDEPENDENT CLAIMS	3 minus 3 =	* 0		X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT		☐		+135=		OR	+270=	
				TOTAL	355	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-11-05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	• 23	Minus	•• 20	= 3	X$ 9=	150	OR	X$18=	
Independent	• 3	Minus	••• 3	= 0	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE	150.00	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA					
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	•	Minus	••	=	X$ 9=		OR	X$18=	
Independent	•	Minus	•••	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA					
					RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	•	Minus	••	=	X$ 9=		OR	X$18=	
Independent	•	Minus	•••	=	X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐	+135=		OR	+270=	
					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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